

2003

**MAINE
REVENUE SERVICES**

030622000

FORM 941ME LOOSE

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD

NOTE: PLEASE COMPLETE THE BACK OF THIS FORM

QUARTER #

Withholding Account Number:

Name and Address:

1. Maine income tax withheld
for this quarter 1

2. Less semi-weekly payments
(from Schedule 1, line 5 below) 2

3. Amount due with this return 3

Mo.	Day	Year	Mo.	Day	Year
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Period Covered:

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Date _____ Signature _____ Title _____ Telephone _____

Schedule 1

Reconciliation of 900ME Voucher Payments or EFT Payments of Income Tax Withholding

For employers required to remit withholding taxes on a semi-weekly basis (see instructions).

[illegible]

4. Total withholding this quarter (Enter here and on line 1 above)

5. Total semi-weekly payments remitted this quarter (Enter here and on line 2 above)

6. Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases.



FINAL

Reason for cancellation _____

Last Payroll Date: _____ Business Sold to: _____

Mo. Day Year

(address):

Date Sold: _____ Telephone: _____

Telephone: _____

Note: Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name or address.

CANCELLATION NOTICE

Make check payable to:
Treasurer, State of Maine

Mail to:
Maine Revenue Services
P.O. Box 1061
Augusta, ME 04332-1061



Rev 1/03

Office use only

Name: _____
Withholding
Account No.: _____
Period
Covered: _____

030622100

FORM 941ME **Income Tax Withholding Listing**

7. Employee Name (Last, First, MI)	8. Social Security Number	9. Maine Income Tax Withheld in Quarter
a. _____	____-____-____	\$ ____-____.____
b. _____	____-____-____	____-____.____
c. _____	____-____-____	____-____.____
d. _____	____-____-____	____-____.____
e. _____	____-____-____	____-____.____
f. _____	____-____-____	____-____.____
g. _____	____-____-____	____-____.____
h. _____	____-____-____	____-____.____
i. _____	____-____-____	____-____.____
j. _____	____-____-____	____-____.____
k. _____	____-____-____	____-____.____
l. _____	____-____-____	____-____.____
m. _____	____-____-____	____-____.____
n. _____	____-____-____	____-____.____
o. _____	____-____-____	____-____.____
p. _____	____-____-____	____-____.____
q. _____	____-____-____	____-____.____
r. _____	____-____-____	____-____.____
s. _____	____-____-____	____-____.____
t. _____	____-____-____	____-____.____
u. _____	____-____-____	____-____.____
v. _____	____-____-____	____-____.____
w. _____	____-____-____	____-____.____

10. Total on this page	10. ____-____.____
11. Total for ALL pages (Enter here and on page 1, line 4, or line 1, if not completing Schedule 1)	11. ____-____.____